



**Somerset County Department of Health**  
 27 Warren Street, Somerville, NJ 08876  
 P.O. Box 3000  
 Phone (908) 231-7155 | Fax (908) 704-8042



## Application for Food & Beverage Vending Machines

Please submit all applications and payments online at: <https://boundbrook-nj.org/permits-and-forms/>  
 Check online for application fee amounts.

New Application

Renewal

Vending Machine Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Machine Location: \_\_\_\_\_

*(Name of Establishment or Company)*

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Person / Company

Responsible for Servicing Machines: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Type of Vending Machine: (List how many of each type at this location)

\_\_\_\_\_ Refrigerated Food    \_\_\_\_\_ Milk    \_\_\_\_\_ Ice Cream    \_\_\_\_\_ Coffee

\_\_\_\_\_ Candy / Snack    \_\_\_\_\_ Soda / Cold Beverages    \_\_\_\_\_ Other (specify)

<i>For Official Use Only</i>
LICENSE # _____
CHECK # _____
FEE PAID _____

The Health Department must be notified in writing if any vending machines are added to or removed from above stated location. Licenses are non-transferable.

I, \_\_\_\_\_ (*print name*), hereby apply for a license to operate a food and/or beverage machine and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:24 of the New Jersey Sanitary Code and all local codes regulating food and beverage vending machines. I further understand that this license is not transferable and may be revoked upon violation of these codes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_